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**DARTON (Yorks.)  
URBAN DISTRICT COUNCIL**

**ANNUAL REPORT**

**of the**

**Medical Officer of Health**

**and the**

**Chief Sanitary Inspector  
and Cleansing Superintendent**

**for the Year 1955**





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# **DARTON (YORKS.) URBAN DISTRICT COUNCIL**

## **HEALTH COMMITTEE 1955**

### **Chairman**

Mr. Councillor George Arthur Priestley

### **Members**

#### **January to May**

##### **Councillors**

Mr. A. Hinchliffe, J.P.  
(Chairman of the Council)  
Mr. F. Morris, M.B.E., J.P.  
(Vice-Chairman of the Council)  
Mr. O. A. Beevers  
Mr. S. Hepworth  
Mr. W. Irwin  
Mr. V. Ledger  
Mr. H. P. Lockwood  
Mr. C. Mason  
Mr. I. Mason  
Mr. F. Steeple

#### **May to December**

##### **Councillors**

Mr. C. Mason, J.P.  
(Chairman of the Council)  
Mr. A. Hinchliffe, J.P.  
(Vice-Chairman of the Council)  
Mr. O. A. Beevers  
Mr. H. Eastwood  
Mrs. C. Empsall  
Mr. W. Irwin  
Mr. H. P. Lockwood  
Mr. I. Mason

### **Clerk to the Council**

Robert Smith

### **Medical Officer of Health**

R. S. Hynd, M.B., Ch.B., D.P.H.

### **Deputy Medical Officer of Health**

R. Barnes, B.A., M.R.C.S., L.R.C.P., D.P.H.

### **Chief Sanitary Inspector and Cleansing Superintendent**

Irvine Fieldhouse, Cert.S.I.B., M.S.I.A.  
(Certified Meat and Other Foods Inspector, Certified Smoke Inspector)

### **Additional Sanitary Inspector**

John Barry Sutton, Cert.S.I.B., M.S.I.A.

# **DARTON URBAN DISTRICT COUNCIL**

Divisional Health Office,  
6 Victoria Road,  
BARNSELEY  
July, 1956

## **ANNUAL REPORT** **for the Year ended 31st December, 1955**

To the Chairman and Members of the  
Darton Urban District Council:

Mr. Chairman, Madam and Gentlemen,

I have the honour to present to you my Annual Report on the health and social conditions of your Urban District for the year ended 31st December, 1955. The report has the same general outline as that for the previous year and includes a survey of the health services for which the County Council is the administrative authority. A brief statement of, and comment upon, the hospital arrangements have also been included.

The vital statistics showed the usual variations but on the whole were satisfactory. The death rate and birth rate were both lower than those for England and Wales. The infant mortality rate showed an increase but the peri-natal mortality rate declined a little. The notifiable infectious diseases were greatly increased mainly due to a large epidemic of measles in the first half of the year. Your district, also, did not escape the epidemic of Polio which affected Barnsley and the surrounding districts so severely last summer. Fortunately the disease was relatively mild in character and the after-effects slight, but undoubtedly the epidemic, while it lasted, caused much concern and inconvenience.

It can, however, be said that the epidemic, while unpleasant and unwelcome, at least focussed the attention of the community on the Polio vaccination programme then being planned, and made many people give greater thought than ever before to the subject of prevention.

I would like to take this opportunity to thank the Chairman and members of the Health Committee for their support and continued interest in all matters relating to the health of the district, my divisional health staff for their willing assistance and your Chief Sanitary Inspector, Mr. I. Fieldhouse, for his help and loyal co-operation.

I am,

Your obedient servant,

R. S. HYND,

Medical Officer of Health



## URBAN DISTRICT OF DARTON

### Statistics and Social Conditions

Area .....	4,726 acres
Registrar General's estimate of population mid 1955 .....	14,330
No. of inhabited houses according to rate book 31st December, 1955 .....	4,429
Rateable Value, 31st December, 1955 .....	£51,594
Nett product of a Penny Rate (1954-55) .....	£188/13/8

The district is predominantly a coal-mining area with the majority of the population earning their living directly or indirectly from the mining industry. The other industries in the district, apart from one electrical engineering firm employing up to 1,000 people, are small in size and scope. A further small, but welcome, light industry was established last year which gave employment to 80 people, mainly women. The problem of finding suitable work for the school leavers once again did not prove difficult. The majority of boys entered the mining industry and the remainder found employment with various firms at no great distance from their homes. The majority of girls entered the textile industry in factories not too far distant from their homes.

## VITAL STATISTICS

### Live Births

	Male	Female	Total
Legitimate .....	96	97	193
Illegitimate .....	3	2	5
	<hr/> 99	<hr/> 99	<hr/> 198

The number of live births registered showed a decrease of 3 from the previous year. 47% of the mothers had their confinements in Maternity Homes or Hospitals as compared with 46% in 1954. The Registrar General supplied a comparability factor which relates the proportion of women in the district of child-bearing age with the proportion in a standard population. The crude birth rate multiplied by the comparability factor gives an adjusted birth rate which is comparable with adjusted birth rates in other districts and with the birth rate for the country as a whole. The adjusted birth rate for your district last year was 13.5 per 1,000 estimated population compared with 13.1 per 1,000 estimated population in 1954 and with 15.0 per 1,000 estimated population for England and Wales. The excess of births over deaths, or the natural increase of population, was 81 as compared with 69 for the previous year.

## **Premature Babies**

9 babies were born prematurely last year, 5 of whom were born at home and 4 in hospital. Of the 5 born at home, all were nursed entirely at home and 4 survived. All the premature babies born in hospital survived.

## **Stillbirths**

5 stillbirths were notified last year as compared with 11 in 1954. The stillbirth rate was 24.6 per 1,000 total births as compared with 38.2 per 1,000 total births in 1954 and with 23.1 per 1,000 total births for England and Wales.

## **Deaths**

The adjusted death rate, which is the crude death rate multiplied by the comparability factor, was 10.0 per 1,000 estimated population as compared with 11.5 per 1,000 estimated population in 1954 and with 11.7 per 1,000 estimated population for England and Wales. There were 117 deaths among the inhabitants of your district during the year, 17 less than for the previous year.

The principal causes of death in order of numerical importance were: heart and circulatory diseases, respiratory diseases and cancer. Statistics relating to death rates and the causes and ages at death are given in tabular form at the end of the section on vital statistics.

## **Infant Mortality**

There were 6 infant deaths last year with an infant mortality rate of 30.3 per 1,000 live births as compared with 19.9 per 1,000 live births in 1954 and with 24.9 per 1,000 live births for England and Wales. 4 of the deaths occurred during the neo-natal period from causes which were congenital in origin.

In my annual report for 1954 I expressed the view that stillbirths and the early neo-natal deaths should be considered together for, fundamentally, the causes of death were the same. If this view is related to the events of the last year we find that though there was an increase in the neo-natal deaths there was a compensatory reduction in the number of stillbirths and the peri-natal mortality differed little from that for the previous year or from that for the country as a whole.

There is an unfortunate tendency for lay-persons to regard stillbirths as an unpleasant but natural hazard of pregnancy for which nothing can be done. The view is quite erroneous for the death of an infant is important whether or not the infant was born alive. The stage has largely been reached when infant deaths which could have

been prevented by better mothercraft and teaching have, in fact, been prevented and while our infant welfare efforts cannot be relaxed our worries on this score are, at least, rapidly diminishing. There remains, however, the problem of stillbirths and neo-natal deaths from causes clearly related to the ante-natal period, and progress in the prevention of these deaths has been much slower than the progress made in the prevention of deaths from post-natal causes. Further research is required and more attention must be given to ante-natal care. It cannot be expected that all babies will be born alive and survive, but we must always strive for this ideal state, be clear in our ideas and strong in our purpose.

## PRINCIPAL VITAL STATISTICS FOR THE YEAR 1955

(Based on Registrar General's figures)

	Darton Urban District	Aggregate West Riding Urban Districts	West Riding Admins. County	England and Wales (Prov. Figures)
Birth Rate per 1,000 estimated population:				
Crude .....	13.8	14.8	15.3	15
Adjusted .....	13.5	14.9	15.4	15
Death Rate per 1,000 estimated population:				
Crude .....	8.2	12.5	11.7	11.7
Adjusted .....	10.0	12.7	12.3	11.7
Infective and parasitic diseases excluding Tuberculosis but including Venereal Diseases	—	0.06	0.07	Not available
Tuberculosis:				
Respiratory .....	0.07	0.11	0.11	0.13
Other .....	0.07	0.02	0.01	0.02
All forms .....	0.14	0.13	0.12	0.15
Cancer .....	0.70	2.03	1.90	2.06
Vascular lesions of the nervous system .....	1.40	2.09	1.90	Not available
Heart and circulatory diseases	3.21	4.71	4.39	Not available
Respiratory diseases .....	0.77	1.28	1.21	Not available
Maternal Mortality .....	—	0.45	0.67	0.64
Infant Mortality .....	30.3	25.2	26.2	24.9
Stillbirths .....	24.6	26.4	26.4	23.1



## DEATHS IN AGE GROUPS

	Males	Females	Total
Under 1 year	5	1	6
1- 5 years	1	3	4
5-10 years	—	—	—
10-15 years	—	—	—
15-20 years	—	1	1
20-25 years	—	1	1
25-35 years	3	—	3
35-45 years	1	2	3
45-55 years	5	2	7
55-65 years	16	8	24
65-70 years	9	6	15
70-75 years	9	7	16
75-80 years	10	13	23
80-85 years	7	2	9
85-90 years	2	3	5
90 years and over	—	—	—
ALL CAUSES	68	49	117

## CAUSES OF DEATH IN 1955

Cause of Death	Males	Females	Total
1. Tuberculosis, respiratory	1	—	1
2. Tuberculosis, other	1	—	1
3. Syphilitic Disease	—	—	—
4. Diphtheria	—	—	—
5. Whooping Cough	—	—	—
6. Meningococcal Infections	—	—	—
7. Acute Poliomyelitis	—	—	—
8. Measles	—	—	—
9. Other infective and parasitic diseases	—	—	—
10. Malignant neoplasm, stomach	—	—	—
11. Malignant neoplasm, lung, bronchus	1	—	1
12. Malignant neoplasm, breast	—	2	2
13. Malignant neoplasm, uterus	—	—	—
14. Other malignant and lymphatic neoplasms	2	4	6
15. Leukaemia, aleukaemia	—	1	1
16. Diabetes	—	1	1
17. Vascular lesions of nervous system	12	8	20
18. Coronary disease, angina	16	7	23
19. Hypertension with heart disease	3	2	5
20. Other heart disease	9	9	18
21. Other circulatory disease	—	—	—
22. Influenza	1	—	1
23. Pneumonia	2	1	3
24. Bronchitis	4	2	6
25. Other diseases of respiratory system	1	—	1
26. Ulcer of stomach and duodenum	1	—	1
27. Gastritis, enteritis and diarrhoea	1	—	1
28. Nephritis and nephrosis	—	1	1
29. Hyperplasia of prostate	—	—	—
30. Pregnancy, childbirth and abortion	—	—	—
31. Congenital malformations	1	1	2
32. Other defined and ill-defined diseases	9	8	17
33. Motor vehicle accidents	2	1	3
34. All other accidents	—	1	1
35. Suicide	1	—	1
36. Homicide and operations of war	—	—	—
All Causes	68	49	117

# INFANT MORTALITY IN 1955

Causes of Deaths		Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	1-3 months	3-6 months	6-9 months	9-12 months	Total under 1 year
Gastro-Enteritis	.....	—	—	—	—	—	—	1	—	—	1
Congenital Malformations	.....	1	—	—	2	3	—	—	—	—	3
Prematurity	.....	1	—	—	—	1	—	—	—	—	1
Broncho-pneumonia	.....	—	—	—	—	—	—	—	1	—	1
Totals	.....	2	—	—	2	4	—	1	1	—	6

## GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

The provision of residential accommodation for the aged and infirm and for those in need of care and attention is the responsibility of the County Council. Accommodation for those applicants to whom a flight of stairs presented no real difficulty was always readily available but once again ground floor accommodation was limited, and at certain times of the year was insufficient to meet all demands. The lack of accommodation in hospitals and hostels for the chronic sick and the aged infirm is a problem which affects many areas of the country; indeed an effective solution to the problem seems impossible without extensive building projects or radical re-arrangement, where possible, of the existing accommodation. An increase in the domiciliary nursing services and home help schemes might help but would leave, at least, part of the accommodation problem unsolved.

In previous annual reports I have discussed the hospital and hostel facilities separately for the management of the hospitals is no responsibility of the local health authority and therefore no responsibility of mine. But while there may be divided administrative responsibility, from a medical viewpoint there is no clear-cut division between the aged sick and the aged infirm for, in general, both groups suffer from the same degenerative changes with only the question of degree separating them. This separation is not always very evident for, in time, the aged infirm worsen and merge imperceptibly with the aged sick. Accommodation for this large group of the community, the aged, whether sick or infirm, must therefore be considered as one problem and not two, and how much better it would be if the responsibility for the problem was held by one authority, and not two as at present.

I have said that an extension of the local health authority's domiciliary services, while useful, cannot afford a complete solution of the accommodation problem. Home conditions or the absence of a home so often determines the need for hospital or hostel admission and conversely the same factors govern the question of discharge.

It is a common experience that aged people seek hostel accommodation because they live alone and no longer feel equal to the task, live in lodgings and feel lonely, or live with relatives and feel a burden to the family. A recent survey revealed that two-thirds of the aged living in hostels were single, widowed or divorced, a finding which I think underlines the experience which I have just related. Again the discharge from chronic sick hospitals or hostels for the aged is largely governed by home conditions for there must be a home for the aged to return to before discharge can be

considered. The longer the aged remain in hospital or hostel the less likely it is that they will have a home, for houses and family life tend to break up with prolonged absence. In considering the residential accommodation requirements for the aged it must be recognised, therefore, that a large proportion of the aged will remain in a hospital or hostel indefinitely for the hospital or hostel will to them become their home. To make the maximum use of both types of accommodation there must be the fullest liaison between the hospitals and hostels to allow of easy interchange of patients as the circumstances dictate. When free interchange between chronic sick hospitals and hostels proves impossible, with neither authority able to help the other, then accommodation problems worsen. Free interchange will always be difficult with divided control and, in my view, if this divided control is to remain it is essential that both authorities discuss together the whole question of accommodation for the aged, see each other's difficulties and try to formulate a common plan.

At the other end of the scale the question of the availability of sufficient beds in mental deficiency institutions and sufficient places in occupation centres are equally related. The question of how many institutional beds for mental defectives are required is not governed entirely by strictly medical factors but is equally dependent on the home conditions of the defective and the adequacy of the occupation centre provisions. It is most depressing to have to report that no progress whatsoever was made last year in the conversion to an occupation centre of that part of The Gables, Wombwell, which was previously used as the Divisional Health Office. The need for the conversion has long been proved and accepted by the County Council, the children are waiting and ready to go but apparently the starter, with his gun, is still missing. I'm sure the local community would be grateful for any knowledge of his whereabouts.

Comment on the hospital provision for the acute sick, maternity patients and those suffering from infectious diseases can be brief for the services provided were, as always, both adequate and good.

It is also a pleasure to be able to report that in no instance was it necessary to take action under Section 47 of the National Assistance Act, 1946.

### **General Hospitals**

The general hospitals serving your district are given below. Their administration rests with the Leeds and Sheffield Regional Hospital Boards through the local hospital management committees.



Leeds Regional Hospital Board:

1. Clayton Hospital, Wakefield.
2. General Hospital, Wakefield.
3. Leeds General Infirmary.

Sheffield Regional Hospital Board:

1. The United Group Hospitals, Sheffield.
2. The Beckett Hospital, Barnsley.
3. The St. Helen Hospital, Barnsley.

### **Infectious Diseases Hospitals**

All infectious diseases requiring hospital admission were admitted to the Kendray Hospital, Barnsley. The ambulance arrangements were the same as in the previous year, the hospital retaining its own ambulance for this service.

### **Maternity Hospitals**

Maternity cases were usually admitted to the following hospitals:

1. The St. Helen Hospital Barnsley.
2. Pindar Oaks Maternity Home, Barnsley.
3. Manygates Hospital, Wakefield.
4. Hallamshire Maternity Home, Chapeltown.

The services of the Jessop Hospital, Sheffield, and the Maternity Hospital, Leeds, were also available for abnormal obstetric cases.

### **Tuberculosis Scheme**

The co-operation between the Chest Centre and the Health Department continued and, consequently, the essential link between the curative and preventive aspects of Tuberculosis was maintained. The two whole-time Tuberculosis Visitors, while employed by the local health authority, had, for practical reasons, their day-to-day duties arranged by the Chest Physician. This very effective arrangement enhanced the value of their work for they came to know the tuberculosis patient and his contacts equally and were able to give advice to both alike.

The after-care arrangements included extra nourishment, when recommended by the Chest Physician, in the form of a free milk allowance and bed, bedding and other nursing equipment was issued on loan to patients where necessary. The Home Help service was also available when required.

The programme of the clinics held at the Chest Centre, 16 Church Street, Barnsley, is given below:

Tuesday,	10.0 a.m. to 12.0 noon (children)
Wednesday,	10.0 a.m. to 12.0 noon
Wednesday,	2.0 p.m. to 4.0 p.m.
Thursday,	10.0 a.m. to 12.0 noon
Friday,	10.0 a.m. to 12.0 noon



## **Venereal Diseases**

The nearest centre for Darton patients for the diagnosis and treatment of venereal diseases is in Barnsley.

Address: Special Treatment Centre, Queens Road,  
BARNESLEY

Other centres are situate in Sheffield, Rotherham and Wakefield and a patient is at liberty to attend at the centre of his choice. Treatment is completely confidential.

## **Ambulance Service**

The expected formula of increased calls on the ambulance service was again realised last year. Admissions to and discharges from hospitals remained relatively steady as were the transfers between hospitals, but the out-patient traffic once more showed an increase. It is worthy of note, however, that the increase of approximately 17,000 further out-patients carried was the smallest annual increase so far recorded since the inception of the County Ambulance Service. The responsibility for deciding whether a patient needs ambulance transport to a hospital out-patient department rests with the hospital for all journeys other than the original. To ensure the correct usage of ambulances, hospital ambulance officers have been appointed and their co-operation with the ambulance service has done much to keep the out-patient demands within reasonable bounds. The ambulance service, while free to all, is nevertheless costly of operation. The mis-use of ambulances must be avoided, for mis-use not only increases cost but also decreases efficiency.

The increase in the volume of road traffic resulted in a regrettable further increase of 1,720 accidents carried to hospital as compared with 1954.

Two diesel engined ambulances were tried last year and proved both comfortable to the patients and economical in running costs and maintenance. It is expected that 30 more vehicles of this type will be added to the ambulance strength during the current year. A new radio station to be sited in Hoyland has also been planned for completion in 1956, which will give improved radio telephonic communication in South Yorkshire.

## **Home Nursing**

The Home Nurses in the division made 57,400 visits last year and almost every type of illness came under their care. The majority of the visits, over 26,000 were to medical cases, 9,000 were to surgical cases and largely represented visits to patients recently returned from hospital after an operation.

700 were to tuberculosis patients and the remainder included visits to infectious diseases and puerperal complications. An interesting statistic was the 21,300 injections given by the nurses for widely different diseases and using a wide range of drugs. This astonishing figure, I think, illustrates more clearly than any other statistic the change in the character of home nursing since the war for I venture to suggest that, pre-war, little use was made of home nurses for injection therapy. Indeed the term injection as applied to nursing duties was more commonly associated with the giving of enemata.

Another statistical feature worthy of note was the wide age range of the patients visited. At one end of the scale you find the aged sick and infirm receiving almost 60% of the total visits whilst at the other end you find over 1,000 visits were made to children under 5 years of age. It has long been recognised that old people should be treated at home whenever possible and whenever home circumstances allow. It is now becoming equally well recognised that the same preference for domiciliary treatment, as opposed to hospital treatment, should apply to the young child, though perhaps for a somewhat different reason. The extension of home nursing to young children is to be welcomed, and is an aspect of home nursing which will assume an ever increasing importance in the years ahead.

Home treatment by the family doctor, aided when necessary by the home nurse, has long been a traditional feature of medical practice in this country and its importance and value to the community is no less today, even though the great advance made in medical science and knowledge has increased the complexity of modern therapy. There has, however, been a tendency in recent years for hospital treatment to be sought more frequently by more people. While there may be many reasons for this, the tendency is to be deprecated if it is to lead to the community as a whole developing a hospital fixation complex. Hospitals are our second line of defence against disease and should not be regarded as the sole repository of medical knowledge. To treat every illness in hospital, irrespective of its nature and causation, would be for the nation a very expensive step backwards. One of the fundamental principles in medicine is to treat the patient rather than his disease, and the application of this principle is easier in the natural environment of the home, than in the more laboratory-like atmosphere of the hospital. An efficient domiciliary nursing service can help to create the right conditions for home treatment and should be given every opportunity with encouragement to expand if necessary.

## Home Helps

In most parts of the country the home help service has become largely a welfare service for the aged and infirm, a situation which has arisen not because of a deliberate policy of the local health authorities, but because of the overwhelming needs of the aged as compared with the other sections of the community. The administration of the service, and indeed its future planning is, of necessity, governed by the needs and demands of the aged even if it means, to some extent, sacrificing the interests of the rest of the community. Whether this is a good or bad thing may be a matter of opinion, but it is a practical necessity which probably meets with the full approval of the majority of the people.

Last year almost 90% of the available home help hours were given to the households of the aged and infirm and the demands on the service showed the expected increase. On average, 300 households per week were assisted as against 240 in 1954 and because the authorised establishment of home helps remained unchanged, the average weekly assistance given to aged applicants was reduced from 6—7 hours to 4—5 hours. Indeed, even this figure would not have been possible if additional help had not been obtained from the central reserve pool.

Most people agree that the present residential accommodation for the aged sick and infirm, whether in hospital or hostel, is inadequate and various schemes which will lessen the demand for residential accommodation have been suggested. It has been suggested that some relief in this direction could be obtained if the home help scheme was expanded. I have commented elsewhere on this suggestion, but I must repeat my view that once an aged person requests residential accommodation there is usually no satisfactory alternative which will completely meet his needs and circumstances. If the home help service is to be increased, with a view to relieving the strain on the residential accommodation, then the increase, to be of practical value, must be large. It is for those who hold the financial responsibility to decide on what size the increase should be and I offer no suggestion.

Whatever one's views on what is the optimum domestic help that should be given to the aged there is one medical fact which must be borne in mind. It is bad policy to create conditions which must eventually lead to the aged becoming too dependent on the assistance of others. Old people should be encouraged to retain their spirit of independency and to challenge their physical infirmities by doing as much as they can for themselves. A continued acceptance of life's challenge is of greater importance to the well-being of the aged than the unlimited provision of bath chairs.



## **Laboratory Service**

The laboratory service was provided by the Public Health Laboratory in Wakefield, a national service under the control of the Medical Research Council. The laboratory is equipped to deal with all bacteriological and pathological examinations and a complete investigation is undertaken and report furnished for every specimen sent for examination.

Samples of milk taken under the Food and Drugs Act for chemical analysis were examined by the Public Analyst at Bradford at the expense of the County Council.

## **Maternity and Child Welfare Service**

The three maternity and child welfare centres serving the district are situate at Darton, Iligham and Staincross. The attendances at these clinics during the year are given in tabular form below.

It is a common finding that, with few exceptions, the attendances at ante-natal clinics of local health authorities have declined rapidly in recent years. Concurrently with this decline there has been a corresponding rise in the attendances at ante-natal clinics held in hospitals and in the surgeries of general practitioners so that the overall picture of the number of expectant mothers accepting care has remained relatively unchanged. These changes have followed naturally the introduction of the National Health Service Act, which removed most of the financial worries from the practice of midwifery and gave each expectant mother much more free choice of where she should have her confinement, and from whom she should receive her ante-natal care.

The hospital has always, and rightly, been the place for consultant opinion and the diagnosis and treatment of abnormalities, but in many instances it has also developed large ante-natal clinics and has become, in this sense, a rival of the family doctor and the local clinic. Unfortunately, there has been little co-ordination of the three services and the co-operation among them has not, so far, been developed to any great extent. The three services have tended, therefore, to follow their own individual paths without joint consultation. The question which now seems to me to arise is whether the three services, now acting separately, would not have a greater potential for good if they were to become properly integrated with each playing a part in a unified service. To me it is clear the hospital must eventually take the lead throughout the whole field of midwifery with the hospital consultants guiding and supervising all ante-natal care. But routine hospital ante-natal clinics are fundamentally unsound for it is better in ante-natal care that the hospital should go to the patient rather than the patient to the hospital. Ante-natal care has to be sold to the public like

any other form of health education for the public don't always readily accept what is deemed good for them. The sale is made the more difficult if sufficient recognition is not taken of home and social difficulties which make long journeys to clinics, often in inclement weather, very arduous and unpalatable. I would like to see an integrated midwifery service with ante-natal clinics sited among the people, and not at a distance, staffed by general practitioners and medical officers of local health authorities alike, with their work guided by hospital consultants. With such a set-up it would be more possible to make the best use of all the available resources.

### INFANT WELFARE CLINICS — Attendances during 1955

			Children under 1 year	Children 1—4 years
Darton	.....	.....	1,730	978
Higham	.....	.....	632	398
Staincross	.....	.....	726	1,137

### ANTE-NATAL CLINICS — Attendances during 1955

Darton	.....	.....	.....	50
Higham	.....	.....	.....	2
Staincross	.....	.....	.....	2

### Mental Health Service

The statistics relating to mental defectives in the division are given below:

		UNDER 16		OVER 16	
		Males	Females	Males	Females
Statutory Supervision	.....	23	22	43	51
Guardianship	.....	—	—	—	2
Voluntary Supervision	.....	—	—	22	24

The Mental Health Social Workers are statutory bound to visit Statutory Supervision and Guardianship cases at six monthly intervals. However, in quite a number of cases it is necessary to visit more frequently for parents appreciate their help in trying to avert family crises which sometimes arise from the defective's behaviour pattern. The Social Workers are always willing to give whatever assistance they can to help smooth out problems which, from time to time, arise in a defective's life.

Perhaps the greatest problem is keeping the defectives adequately occupied for it is the unoccupied defective who is most likely to become beyond parental control. Occupation centres, where the defectives attend daily and acquire a necessary discipline and a sense of social responsibility, are the obvious solution to the problem. Such centres, in



addition to helping the defectives, are of equal help to the mothers for it is they who normally bear the brunt of finding suitable occupation and amusement in the home and who, with the establishment of occupation centres, can happily carry on a normal household routine knowing that their children are in capable hands.

At present 15 defectives are attending the Barnsley Occupation Centre and 4 are attending the Hemsworth Centre, but there are still 16 defectives under the age of sixteen years and 20 defectives over that age awaiting admission to Occupation Centres. The extent of the waiting list for admission to an Occupation Centre emphasises the urgent need for the opening of The Gables, Wombwell, as an Occupation Centre and as I have stated elsewhere in the report I regret I can report no progress on this project.

It is intended that the mental defectives awaiting Occupation Centre vacancies from Wombwell, Darfield and Worsbrough, together with those already attending other Centres from these districts will be admitted to the Wombwell Occupation Centre. The vacancies created at the Barnsley Occupation Centre by withdrawals of the Wombwell, Worsbrough and Darfield defectives will be filled by the defectives from Royston, Cudworth and Darton who are awaiting admission to Occupation Centres.

In an endeavour to give training to the defectives who are awaiting admission to centres a home training programme, under a qualified home teacher, has been devised. The programme includes group training classes and visits to defectives' homes where advice and training is given. I set out below particulars of group training classes in the division.

Day	Time	Place	No. attending
Tuesday,	9.30—4.00 p.m.	The Gables, Wombwell	14
Wednesday,	9.30—4.00 p.m.	The Gables, Wombwell	14
Thursday,	9.30—2.30 p.m.	Ambulance Hall, Worsbro' Bridge	8
Friday,	10.00—4.00 p.m.	Old Infants' School, Darton.	8

It will be noted that no group training classes were provided last year for the Royston and Cudworth children, but this was remedied in May this year when a class was established in Royston and at which 16 children, from Cudworth as well as Royston, already attend. In some instances defectives attend more than one group training class and are showing the benefit of regular training. Training is given in good habits, social behaviour, sense training, handicrafts (knitting, rug making, needlework, embroidery,

etc.), singing, dancing, speech therapy and household duties. Where defectives will respond training is given in elementary reading, writing, arithmetic, money values, etc.

The shortage of accommodation in mental deficiency institutions and mental hospitals has been mentioned elsewhere in the report, but three vacancies for mental defectives were found last year which were gladly accepted. It is necessary for the mental health social workers to keep under constant review the possible institutional requirements for mental defectives based on an appraisal of the social conditions. There are 16 cases in the division where accommodation will be required in the event of a breakdown in the family pattern and two cases whose urgent claims are being pressed with the Regional Hospital Board.

The Regional Hospital Board, in an attempt to relieve the situation, has from time to time made short-stay vacancies available of up to one month's duration. These short-stay vacancies, even when they do not meet the full requirements of the situation, are nevertheless of considerable help for they give parents a little time for rest and relaxation which, so often, the continual care of a defective child never allows.

A steady rate of employment of high grade defectives has been maintained and 37 males and 22 females are in regular employment. It has been established that some high grade defectives, although taking much longer to absorb a routine job, will eventually give, under supervision, useful service. It is gratifying to find that there are still some employers who knowing the limitations of mental defectives will nevertheless employ them and give them every encouragement in their work.

There has been a steady increase in the work under Section 28 of the National Health Service Act, 1946, and many home visits have been made by the Mental Health Social Workers.

Patients discharged from mental hospitals are visited within one month of their return home to determine whether the improvement in their mental health has been maintained. In the event of a relapse, the patient is referred to the Out-Patients' Psychiatric Clinic at Beckett Hospital. The Mental Health Social Workers attend these clinics, which are held each Tuesday and Wednesday afternoons, and act as the co-ordinating officers between the clinic and the various local health authority departments and do whatever field work is required by the consultant psychiatrist.

Mental Health after-care is a field of work still largely unexplored but the social workers in the division have at least made a beginning, and worth-while results will eventually accrue.

## SCHOOL HEALTH SERVICE



Before giving a brief statistical summary of the work of the School Health Service, I would refer to two aspects of the work to which I made mention in my last annual report and which can now be reported upon in greater detail. As both are directly concerned with the prevention of Tuberculosis, though each approaches the subject from somewhat different angles, the two aspects might better be considered together.

### **Tuberculin Testing of Primary School Entrants. B.C.G. Vaccination.**

Both the tuberculin testing of primary school entrants and B.C.G. vaccination of the thirteen-years old group are now an integral part of the school health service, but neither procedure is done without the written consent of the parents. I am glad to be able to state that the percentage acceptance rates in both instances were high. The information yielded by the tuberculin testing of the younger age group has been compared with similar results obtained from the older age group. As the survey appeared to warrant it, an enquiry was also made into the attack rates of tuberculosis in the various districts and the percentage of the population on the Tuberculosis register. A further enquiry was made into the incidence of tuberculous milk in the area.

The findings from the various districts in the survey have been collated by my deputy, Dr. R. Barnes, and are as follow:

### **Tuberculin Testing of School Entrants**

The routine Survey of school entrants with a tuberculin jelly test, which was commenced in 1954 in the Wombwell, Worsbrough, Darfield and Dodworth Urban districts, was this year extended to the whole of my Division. I give below details of testing:

District	No. of children offered Tuberculin	No. of parents accepting	No. of positive results	% Acceptance	% Positive	No. referred to Chest Physician
<b>Wombwell</b>						
Total No. of children in the Survey	513	396	11	77.2	2.75	11
Totals without known contacts	513	396	11	77.2	2.75	11
<b>Worsbrough</b>						
Total No. of children in the Survey	330	280	9	84.8	3.2	4
Totals without known contacts	325	275	4	84.6	1.4	4
<b>Darfield</b>						
Total No. of children in the Survey	140	126	7	90.0	5.5	4
Totals without known contacts	137	123	4	89.8	3.2	4
<b>Dodworth</b>						
Total No. of children in the Survey	93	76	8	81.7	10.5	7
Totals without known contacts	92	75	7	81.5	9.3	7
<b>Cudworth</b>						
Total No. of children in the Survey	157	147	6	93.6	4.0	3
Totals without known contacts	154	144	3	93.5	2.1	3
<b>Darton</b>						
Total No. of children in the Survey	300	225	7	75	3.1	6
Totals without known contacts	299	224	6	74.9	2.6	6
<b>Royston</b>						
Total No. of children in the Survey	160	141	6	88.1	4.2	6
Totals without known contacts	160	141	6	88.1	4.2	6
TOTALS FOR THE DIVISION	1,691	1,391	54	82.3	3.8	41
TOTALS WITHOUT KNOWN CONTACTS	1,678	1,378	41	82.1	2.9	41



It will be appreciated that these surveys are conducted in association with the school medical inspection programme, which is arranged according to the school year. It is, therefore, inevitable that some schools will be included twice in the calendar year. This does not mean that the same children are included in the survey twice, as only the new entrants are examined.

During the course of this survey many children were found to be positive reactors who were already known contacts of cases of tuberculosis, and who were already attending the Chest Physician for observation. These children represent the difference between the number of positive results (column 3) and the number referred to Chest Physician (column 6). A further line has been added, under the totals for each Urban District, excluding these children from the Survey and representing the number of new positive reactors discovered. This still leaves the Dodworth Urban District with a percentage much higher than all other districts. It was thought that this might be due to a higher prevalence of the disease there and an investigation was made into the attack rate in the seven Urban Districts over the last five years. The results are shown in Table 11, together with the proportion of each population who were on the Tuberculosis register at 31st December, 1954.



TABLE II

District		% of Positive Tests	% of (+)ive tests excluding contacts	Total	Attack Rate /100,000 over 5 years Pulmonary Non-Pulmonary	% of Population on Register at Dec., 1954
Dodworth	.....	10.5	9.3	98.6	93.9	4.7
Darfield	.....	5.5	3.2	143.2	127.3	15.9
Royston	.....	4.2	4.2	140.3	103.4	36.9
Cudworth	.....	4.0	2.1	105.0	95.0	9.1
Worsbrough	.....	3.2	1.4	99.8	84.3	15.5
Darton	.....	3.1	2.6	91.0	77.0	14.0
Wombwell	.....	2.75	2.75	144.9	115.0	29.9
Divisional Totals	.....	3.8	2.9	119.6	100.9	18.7

This research does not produce much correlation with the survey, especially in respect of the Dodworth Urban District. It will be noticed that there is poor correlation too in respect of the Wombwell Urban District, but this might be accounted for by a poor acceptance rate in two schools, one of which might be expected to be in an area of high incidence. This, however, is a matter of speculation and cannot easily be proved. When the results obtained from this survey are reviewed, in association with the tuberculin testing of thirteen-years old children for the B.C.G. Vaccination scheme, it can be seen that quite a marked degree of correlation is obtained suggesting that the incidence of a high percentage in Dodworth is significant as seen in Table III.

**TABLE III**

District	B.C.G. Scheme		Tuberculin Entrants Scheme	
	% Acceptance	% Positive	% Acceptance	% Positive
Dodworth .....	98.0	40	81.7	10.5
Darfield .....	99.0	35	90	5.5
Royston .....	79	23.5	88.1	4.2
Cudworth .....	89	30	93.6	4.0
Worsborough .....	88	20	84.8	3.2
Darton .....	87	30.5	75.0	3.1
Wombwell .....	81	26.5	77.2	2.75
Divisional .....	85	29.4	82.3	3.8

The next matter to be considered was, whether the milk supply was a factor in this discrepancy. An order was made by the Minister in April, 1953, under Section 23 of Milk and Dairies Artificial Cream Act, 1950, making these Urban Districts, specified areas under the Act. The children in this Survey were mostly born in 1950. It may be assumed that very little raw milk is consumed in the first year of life, but this still means that these children could have been exposed to tuberculous raw milk during two years of their life. A check was made of samples of milk found to be tuberculous over the last five years, but again Dodworth Urban District was not outstanding. It will be interesting to see if the percentage of positive reactors diminishes over the next two years, because this will give some guide as to whether milk has been a major factor. Failing this, it must be assumed that this small community contains some undiagnosed foci of infection.

The whole Survey was carried out with the generous co-operation of the Chest Physician. At the end of the year, only two families had failed to co-operate in submitting themselves for clinical and radiological examination at the chest clinic. These families have since agreed to attend. Despite

this co-operation and the high acceptance rate for the test, it is surprising that no adult cases were discovered, especially in view of the American results in this type of Survey. Several adults were advised, by the Chest Physician, to attend the Pneumoconiosis Board, but otherwise the results in terms of contact-tracing were poor. Nevertheless, I feel this is a worth-while procedure and that it should be continued because the factor of infection by milk will soon be removed, and in two years time this type of Survey should give some direct correlation with active foci of infection. It must be noted, however, that in some districts (e.g. Worsbrough), the known contacts of active tuberculosis, accounted for a large proportion of the positive reactors. Throughout the Survey contact with general practitioners has been maintained, and they have been kept informed of radiological and other findings through this office.

Routine School Medical Inspections were carried out by Dr. S. G. A. Henriques at the undermentioned schools:

Gawber Junior Mixed and Infants' School.  
 Barugh Green Junior Mixed and Infants' School.  
 Darton Junior Mixed and Infants' School.  
 Mapplewell Infants' School.  
 Mapplewell Junior Mixed School.  
 Kexbrough Infants' School.  
 Kexbrough Junior Mixed School.  
 Darton Secondary Modern Girls' School.  
 Darton Secondary Modern Boys' School.

### Summary of Defects found:

School visited	No. of children examined	DEFECTS FOUND						No. passed for Treatment
		Ocular	E.N.T.	Heart	Lungs	Orthopaedic	Others	
Gawber J.M. & I. ....	19	—	1	—	—	1	1	3
Barugh Green J.M.&I.	78	5	6	1	3	2	4	8
Darton J.M. & I. ....	97	17	4	1	4	—	2	14
Mapplewell Infants' ....	73	—	10	—	3	—	7	2
Mapplewell J.M. ....	76	13	1	—	—	1	2	9
Kexbrough Infants ....	94	1	12	—	3	1	12	6
Kexbrough J.M. ....	75	16	7	1	2	3	3	18
Darton Sec. Md. Girls'	80	16	1	1	2	2	4	12
Darton Sec. Mod. Boys'	84	26	—	—	—	4	3	16
	677	94	42	4	17	14	38	88

## CLINICS

### School Clinics

	No. of individual children who attended and were seen by Doctor
<b>DARTON</b> (2 clinics per month) Infants' School, Station Road., DARTON .....	287
<b>HIGHAM</b> (1 clinic per month) Church Hall, Higham Common Road, HIGHAM .....	59
<b>STAINCROSS</b> (1 clinic per month) Wesleyan Sunday School, Barnsley Road, STAINCROSS .....	138
Total all Clinics	484

### Special Clinics

<b>Ophthalmic Clinics</b> (72 sessions held in 1955)	
Dr. N. L. McNeil, M.B., D.O.M.S., Ophthalmologist No. of children examined .....	254
<b>Orthopaedic Clinics</b> (10 sessions held in 1955)	
Mr. T. L. Lawson, F.R.C.S., Orthopaedic Surgeon No. of children examined .....	30
<b>Ear, Nose and Throat Clinics</b> (12 sessions in 1955)	
Mr. W. L. Rowe, F.R.C.S., E.N.T. Surgeon No. of children examined .....	63
<b>Paediatric Clinics</b> (1 clinic per month)	
Dr. C. C. Harvey, M.D., M.R.C.P., Paediatrician No. of children examined .....	22
<b>Speech Therapy Clinic</b>	
Mrs. P. J. Battye, L.C.S.T., Speech Therapist. (Resigned July, 1955) No. of children seen .....	8
Total attendances .....	34
<b>Child Guidance Clinic</b>	
Dr. M. M. MacTaggart, M.A., B.Ed., Ph.D., Educational Psychologist (Resigned July, 1955)	
Dr. S. M. Leese, Psychiatrist (From October, 1955). No. of children examined .....	9
Total attendances .....	22
<b>Sun-ray Clinic</b> (2 sessions per week)	
No. of individual children attending .....	20
Total attendances made .....	361

### Minor Ailments Clinics

<b>Darton</b>	
No. of individual children treated by Health Visitors	105
Total attendances .....	123
<b>Higham</b>	
No. of individual children treated by Health Visitors	69
Total attendances .....	83
<b>Kexbrough</b>	
No. of individual children treated by Health Visitors	115
Total attendances .....	135
<b>Staincross</b>	
No. of individual children treated by Health Visitors	104
Total attendances .....	134



# SANITARY CIRCUMSTANCES OF THE AREA

## Housing

The number of inhabited houses in the district at the end of the year was 4,429. 131 new houses were completed during the year of which 64 were built by your Council. A detailed analysis of the housing situation is given in the report of the Chief Sanitary Inspector.

## Water Report

The Council's Water Supply is obtained from boreholes owned by Penistone Urban District Council and from the Barnsley Corporation Reservoirs. Both these supplies are chlorinated at the source and delivered to us by piped supply at Kirkwood, Penistone, Silkstone, Higham and Staincross Station.

During the year we had a very much reduced supply from Penistone owing to the very low level of the water in the boreholes, caused by the long spell of very dry weather and the light rainfall. With the help of Barnsley Corporation, who gave us an increased supply of water, and restrictions in our district, we carried on until November when we had to cut the supply off each day from 7 p.m. to 7 a.m. This form of rationing did not have the required results. The supply was reduced still further from Penistone, and with the level of the Barnsley Reservoirs still going down, the supply position became very serious.

On the 6th December, 1955, we had to fix stand pipes in the streets over about one third of the district, the first areas to be tried being Darton, Kexbrough and Mapplewell. This reduced the consumption considerably, but not enough to be able to gain much in our reservoirs.

Barnsley Corporation came to our help and gave us a full supply from the 16th to the 30th December, 1955, so that everybody could have all the water they required over the Christmas period.

On going back to the Penistone supply we were soon in trouble again, and by the 6th January, 1956, we were back on stand pipes, but only for a short time, Barnsley Corporation coming to our help again.

All samples from main supply were of a good Bacteriological nature.



Chemical Analysis

The Analyst's report is as follows:—

	Parts per million
Total Solids .....	400
Chloride .....	26
Nitrite .....	Nil
Nitrate .....	3.77
Free Ammonia .....	0.01
Albuminoid Ammonia .....	0.01
Poisonous Metals .....	Nil
Total Hardness .....	280
Permanent Hardness .....	114
Temporary Hardness .....	166
P.H. ....	7.4
Alkalinity as CaCO <sub>3</sub> .....	166

This water is of good organic purity.

## GENERAL EPIDEMIOLOGY

	No. of Cases Notified	Admitted to Hospital	Died
Scarlet Fever .....	11	8	—
Pneumonia .....	6	4	3
Measles .....	385	2	—
Whooping Cough .....	66	1	—
Meningococcal Infections .....	—	—	—
Erysipelas .....	2	—	—
Diphtheria .....	—	—	—
Acute Poliomyelitis:			
Paralytic .....	8	7	—
Non-Paralytic .....	2	2	—
Food Poisoning .....	—	—	—
Typhoid .....	1	1	—
	<hr/> 481	<hr/> 25	<hr/> 3

The age distribution of the infectious diseases notified during the year is shown in the following table:—

	Under 1	1-4	5-14	15-24	25-44	45-64	65 and over
Scarlet Fever .....	—	2	9	—	—	—	—
Pneumonia .....	1	—	—	2	1	2	—
Measles .....	14	220	147	1	3	—	—
Whooping Cough .....	6	27	33	—	—	—	—
Meningococcal Infections .....	—	—	—	—	—	—	—
Erysipelas .....	—	—	—	—	1	1	—
Diphtheria .....	—	—	—	—	—	—	—
Acute Poliomyelitis:							
Non-paralytic .....	—	—	1	1	—	—	—
Paralytic .....	—	2	4	—	2	—	—
Typhoid .....	—	—	1	—	—	—	—
	<hr/> 21	<hr/> 251	<hr/> 195	<hr/> 4	<hr/> 7	<hr/> 3	<hr/> —

### Scarlet Fever

11 cases of Scarlet Fever were notified last year, 6 fewer than in the previous year. Of the 11 cases, 8 were admitted to hospital more because of the difficulty of nursing and isolation at home than because of the severity of the disease. In general the disease was mild, there were no deaths and no serious complications.

### Measles

There was a considerable epidemic of Measles in the first half of last year when 385 cases were notified. The incidence was greatest among pre-school children, particularly those aged 3-5 years. 14 cases were notified in infants under one year of age. The peak of the epidemic occurred around the middle of March but the decline was slow and the expected secondary peak was not reached until the beginning of June

The disease on the whole was not severe and only 2 children required treatment in hospital. The incidence of complications was low and convalescence was rapid and uninterrupted.

### **Whooping Cough**

The incidence of Whooping Cough was higher last year when 66 cases were notified as compared with 31 in 1954. The highest incidence occurred in the third quarter of the year but the disease was never at any time truly epidemic.

Three of the affected children had been previously immunised against the disease but in all three instances the disease was mild and uncomplicated. A 100% success cannot be guaranteed by immunisation, but it is probable that the attack will, at least, be modified, in the immunised child. This modification probably occurred in the three cases reported above.

The number of children immunised last year fell, from 116 in 1954 to 76. The fall was largely due to the outbreak of Poliomyelitis and the suspension of all immunisation procedures during the four month period of the epidemic.

### **Smallpox and Diphtheria Prophylaxis**

There were no cases of Smallpox or Diphtheria last year so I can pass on quickly to the subject of prevention.

All vaccination and immunisation procedures were interrupted for four months last year during the Polio epidemic and it was perhaps to be expected that a general decline in the number of immunisations would result. Fortunately the decline in the number of diphtheria immunisations was only experienced in the pre-school group and here it was a mere 1%. The percentage of school children protected actually showed an increase of 5% over the previous year and consequently the overall picture for immunised children was better than for 1954. The statistics showed that by the end of 1955 51.9% of all children between the ages of 0-14 years were immunised with 37% of the children in the age group 0-4 years and 57% of the children in the age group 5-14 years protected. The figures are still not good enough but at least they are improving and I hope will continue to improve.

The number of babies vaccinated last year was, under the circumstances, satisfactory. 49 infants, as against 46 in 1954, were vaccinated, approximately 25% of the total number of births for the year. For many years infant vaccination has been an unpopular measure among parents and the greatly improved response in the last two years is most encouraging.

## **Poliomyelitis**

10 persons contracted Polio during the epidemic last year, 8 of whom were affected by the paralytic type of disease and 2 by the non-paralytic type. The disease attacked over a wide range, the youngest sufferer being only twenty months and the oldest 35 years. Of the 10 cases three were adults, 5 were of school age and 2 below school age. The child of twenty months unfortunately died though her death was not attributable to Poliomyelitis. During her investigation in hospital she was found to be suffering from a rare blood disease from which she died. 2 patients only were left with residual paralysis and it is expected that both will eventually make a complete recovery.

A full report on the epidemic has been submitted to the Council previously, but perhaps I may repeat the last paragraph of the report. I wrote— "The epidemic, I think clearly proved the limited value of general preventive measures when applied to the population. Immediate segregation of cases or suspected cases in hospital proved easy, but the complete surveillance of contacts, if normal industrial commitments were not to be unduly upset, was always difficult. Perhaps the greatest obstacle to prevention was the probable large number of unknown healthy carriers circulating freely amongst the population. The true prevention of epidemic poliomyelitis must rest in the production of a satisfactory prophylactic and the maintenance of a high level of immunity in all ages of the population".

We must all wish the greatest success to the polio vaccination programme embarked upon this year.

## **Food Poisoning**

One isolated case of Typhoid Fever was confirmed last year in a school girl aged six years. A great deal of time and effort was spent in trying to trace the original source of infection but without success. A presumptive source was found and investigated but definite proof was not obtained. The child made a complete recovery from the illness.

For many years there has been a steadily growing realisation among all sections of the community of the vital importance to health of a high standard of food hygiene, and new Food Hygiene Regulations were approved last year which will come into operation this year. The new regulations certainly raise the present legal standards, but regulations alone will never bring the standards of food hygiene to the level which the community should desire. It is perhaps wiser to wish for public opinion on food hygiene to be in advance of the law on the subject for in the long run it is the attitude of the public to the problem which will decide the standards. There are many signs of an increasing realisation by the



public of the necessity for a high standard of food hygiene which is reflected in the standards observed in shops over and above those demanded by law. We must not only apply the new food hygiene regulations but actively encourage the shopkeepers to improve on them, and judging by past results there seems no doubt they will respond.

## **Tuberculosis**

11 new cases of Tuberculosis were notified during the year, 10 of whom had Pulmonary lesions. There were 2 deaths from Tuberculosis last year.

Earlier in the report I referred to the happy co-operation between the Health Department and the Chest Centre. The beneficial effects resulting from this close association is well illustrated in two facets of tuberculosis prevention in which both departments were engaged last year. The first was concerned with the tuberculin testing of all primary school entrants which has as its primary object the tracing of possible sources of infection in the community. Obviously in a young child the main source of infection, discounting milk which, if not coming from tuberculin tested herds, has been compulsorily pasteurised in the district since September 1953, must lie in the family for young children do not usually have lengthy associations with any but members of his family. The value of tuberculin testing primary school entrants was dependent, therefore, not only on the full investigation of the tuberculin positive child but equally on the full investigation of all the members of the family. That this proved possible was due to the co-operation of the Chest Physician and the sound common sense shown by the families concerned.

The second example related to the B.C.G. Vaccination of the senior school children which has as its purpose the protection of susceptible young people through the first years of their working life and the difficult years of adolescence. It is obviously desirable that these young people should be under medical surveillance during this period and the Chest Physician has gladly arranged to undertake this work and to make periodic examinations and X-ray tests. The success of the scheme will depend on the co-operation of those vaccinated, but I am certain the scheme will not fail through lack of effort by the staff of the Chest Centre.

The fight against Tuberculosis has been waged for very many years, but with the newer and more powerful weapons of treatment and prevention now in our hands victory is assured and maybe is not so very far off.

## TUBERCULOSIS — Record of Cases during 1955

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on Register at 1st January 1955 .....	31	25	8	8
No. of cases notified for the first time during the year .....	7	3	1	—
No. of cases restored to register .....	—	1	—	—
No. of cases added to register otherwise than by notification .....	1	2	1	—
No. removed to other districts .....	2	3	—	—
No. cured or otherwise removed from register .....	2	—	—	1
No. died from disease .....	1	—	1	—
No. died from other causes .....	1	—	—	—
Total at end of 1955 .....	33	28	9	7

## TUBERCULOSIS — New Cases and Mortality in 1955

Age Periods	NEW CASES		DEATHS	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
0- 1 year .....	—	—	—	—
1- 5 years .....	—	—	—	—
5-10 years .....	1	—	—	—
10-15 years .....	1	—	—	—
15-20 years .....	2	—	—	—
20-25 years .....	2	—	—	—
25-35 years .....	—	—	1	—
35-45 years .....	2	—	—	—
45-55 years .....	1	—	—	—
55-65 years .....	1	1	—	—
Over 65 .....	—	—	—	1
Totals .....	10	1	1	1

## **DARTON URBAN DISTRICT COUNCIL**

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### **REPORT OF THE CHIEF SANITARY INSPECTOR AND CLEANSING SUPERINTENDENT FOR THE YEAR 1955**

Sanitary and Cleansing Department,  
Council Offices,  
DARTON

**To the Chairman and Members of the Darton Urban District  
Council.**

Mr. Chairman, Madam and Gentlemen,

I have the honour to present my ninth Annual Report on all aspects of the work which the staff of your Sanitary and Cleansing Department performed during 1955.

The Report is divided into sections and follows the same lines as last year. Although each section bears its own special title all are unmistakably linked together with one supreme aim in view—to safeguard the health of the people we serve by attending to hygienic matters which are vital to everyday life.

The provision of good wholesome food, pure air and water supplies, good working and housing conditions, healthy surroundings, are but a few of the results of our day by day efforts and I am pleased to report that the year 1955 can undoubtedly be considered to have resulted in further improvements in relation to these matters.

I wish to thank the members of the Health Committee for the support they have given to me throughout the year. I am delighted to have the honour of working with Dr. Hynd, the Medical Officer of Health, and I sincerely acknowledge the most valuable assistance which he has always given to me in the performance of my duties. For their continual co-operation I offer my thanks also to other officials of the Council and I wish to place on record the loyalty and conscientiousness of those of my staff whose efforts have played such an important part in the achievement of the very satisfactory results recorded in the Report.

I am,

Mr. Chairman, Madam and Gentlemen.

Your obedient servant.

IRVINE FIELDHOUSE,

Chief Sanitary Inspector  
Cleansing Superintendent

## SECTION I

### ENVIRONMENTAL HYGIENE

This section informs you of the action taken in 1955 by my assistant and myself in attending to nuisances and complaints and securing repairs to dwellinghouses. It gives details of the work undertaken to furnish records of atmospheric pollution on behalf of the Department of Scientific and Industrial Research. It tells of our own efforts to secure cleaner air, the eradication of rats and other pests and shows the close liaison which we practised with the Medical Officer of Health for the prevention of the spread of infectious diseases. At the end of the section is given up-to-date statistics of the various sanitary circumstances existing within the district—information which allows us to contemplate our actual environmental conditions as they existed at the end of the year and presenting us with an indication as to some of our aims for improving these conditions in the years to come.

#### Nuisances and Complaints

Number of Complaints dealt with during 1955 .....	547
Nuisances outstanding from 1954 ....	239
Add nuisances found during 1955 .....	802
Total nuisances which required abatement .....	1,041
Deduct nuisances abated during 1955 .....	803
Total nuisances outstanding at the end of 1955 .....	238

The number of complaints dealt with increased by 104 over the previous year and the number of nuisances abated was 45 less.

#### Visits and Inspections

2,963 visits and re-visits were made relative to the above nuisances. In more detail, 906 were made with regard to miscellaneous house defects, 499 re drainage work, 108 re ashes accommodation, 83 re defective toilets, 26 re filthy conditions, 18 re verminous conditions and 23 re offensive accumulations. Pressure of work relating to other duties has prevented us from completing the yard paving survey yet 50 visits were recorded under this heading during the year.

#### Notices served and abated

- 402 Informal notices were served affecting 579 premises.
- 401 Informal notices were abated affecting 580 premises.
- 28 Statutory notices were served affecting 27 premises.
- 53 Statutory notices were abated affecting 51 premises.



## Atmospheric Pollution

In order to assist the Department of Scientific and Industrial Research certain apparatus for measuring the degree of atmospheric pollution in Darton is sited at the Council Offices. The information from these instruments continued to be forwarded monthly to the Department and the following summary shows the more important readings taken:—

DEPOSIT GAUGE			LEAD PEROXIDE INSTRUMENT
Month	Amount of rain fall in inches	Tons of deposit per square mile	Amount of Acid in atmosphere (Milligrammes of Sulphur Trioxide per 100 square centimetres per day) (over 2.0 is excessive)
January	1.45	11.98	1.61
February	2.49	20.30	1.56
March	2.85	15.61	1.45
April	0.78	13.56	1.46
May	3.27	23.19	0.96
June	1.81	9.09	0.67
July	0.41	6.41	0.74
August	0.67	12.05	0.73
September	0.93	15.74	0.45
October	1.87	15.71	1.58
November	1.30	15.27	1.27
December	3.06	16.81	1.359
	20.89	175.72	13.895

In 1954 we calculated that a total of 176 tons of soot was deposited over each square mile of the district so that the 175 tons deposited in 1955 shows that no improvement can be recorded over the previous year. Over the 7½ square miles of Darton there were therefore still over 1,300 tons per year of wasted fuel emitted from our factory and domestic chimneys as smoke clouds which could far better have been properly consumed on our fires to give power and warmth rather than to pollute the air we breathe and rob us daily of the sunshine so vital to our good health.

In addition to the keeping of the above records, visits were made to factories particularly whenever it was noticed that their boiler-house chimneys were emitting too much smoke. Discussions were held with the stokers, foremen, and sometimes the managers, pointing out the necessity for smoke abatement and seeking their co-operation to prevent excessive smoke emission. The biggest offender in the area was still the Coke oven plant at Claycliffe but the rebuilding of the separate ovens which took place during 1955 resulted in a gradual improvement, although the smoke and fuel emissions which still take place when the ovens are charged with fresh fuel, could, in my opinion,

be minimised. Severe cautions have been issued to the management from time to time in an effort to secure an improvement.

## Rodent Control

The following particulars show the extent to which the Department carried out its statutory duties in 1955 in its attempts to eradicate rats and mice from the district:—

### (a) Tests of Local Authority's sewers

No. of manholes in the district .....	310
No. of manholes tested .....	33
No. of manholes found to be infested .....	12

### (b) Treatment of Local Authority's sewers

No. of manholes treated .....	59
No. of manholes showing pre-bait "takes" .....	33
No. of manholes showing poison "takes" .....	19

### (c) Local Authority's refuse tips

All refuse tips have been under observation throughout the year. No infestations have been discovered.

### (d) Other properties owned by the Local Authority

The sewage works were given one thorough treatment for rats during 1955.

### (e) Privately owned premises

No. of complaints investigated .....	77
No. of poison baits laid .....	269
No. of poison "takes" .....	142

### (f) Business Premises

No. of premises treated .....	5
No. of poison baits laid .....	52
No. of poison "takes" .....	28

Rodent control continued to be under the supervision of my assistant Mr. Sutton who, with a part-time operator, tried to reduce infestation within the area. The Ministry of Agriculture Fisheries and Food contributed towards the costs incurred.

## Filthy and Verminous Houses

44 visits were made to dwellinghouses for the purposes of advising unfortunate tenants on the eradication of bed bugs, cockroaches, crickets and other vermin, and for the purposes of compelling neglectful tenants to keep their homes in a clean condition. Help was also given to those householders who made their own attempts to get rid of vermin by our free issues of powder and liquid insecticides. It was found necessary to carry out the full disinfection treatments by members of our own staff at eight houses only during 1955.

## Infectious Diseases—Prevention of Epidemics

86 visits were made to dwellinghouses in order to obtain particulars which are required by the Medical Officer of Health for certain infectious diseases. Disinfection of the patient's bedroom and its contents was carried out where practicable and a total of 17 such treatments was recorded in 1955. Free issues of small quantities of liquid disinfectant continued to be made to ratepayers who applied for same from our depots but unfortunately this service was suspected of becoming abused during the year. Upon enquiry it was discovered that some householders were obtaining as much as a gallon of disinfectant a week simply for pouring into the drains. Restrictions were therefore imposed and leaflets were compiled showing how the free issues of disinfectant could be put to the best use.

## Sanitary Circumstances of the District

As an indication to you of some of the factors influencing the environmental hygiene of the district I have summarised them as follows :—

No. of <b>waterclosets</b> in the district	4750	serving	4537	premises
No. of <b>dustbins</b> in the district .....	4593	serving	4515	premises
No. of <b>cesspools</b> in the district .....	77	serving	116	premises
No. of <b>septic tank units</b> in district	29	serving	56	premises
No. of <b>privies</b> in the district .....	21	serving	23	premises
No. of <b>middens</b> in the district .....	19	serving	23	premises
No. of <b>pail closets</b> in the district	27	serving	28	premises
No. of dwellings <b>on mains water supply</b> .....	.....	.....	.....	4425
No. of dwellings <b>on spring water supply</b> .....	.....	.....	.....	4
No. of dwellings <b>served by waterclosets</b> .....	.....	.....	.....	4384
No. of dwellings <b>with bath installed</b> .....	.....	.....	.....	2129

A few words of comment on each of the above items would not, I feel, be out of place, and to show the improvements which have taken place since last year the figures in brackets are those of 1954.

**Waterclosets**—At the end of the year 98.98 (98.88) per cent of all closets in the area were waterclosets. The aim of course is to achieve 100 per cent, and a further aim would be to secure at least one watercloset for each dwelling since there are still 1,017 (1054) dwellings, the occupants of which have to share waterclosets with their neighbours.

**Dustbins**—The total number of dustbins in the area at the end of 1955 was 4,593 (4,478), an increase of 115 over the previous year. The regular emptying of dustbins is classed as the first priority by the Cleansing Department and except for difficulties during holiday periods every dustbin is emptied weekly as an essential contribution to better environmental hygiene.



**Cesspools**—Although it was necessary to allow the construction of five more cesspools in 1955 seven others were abolished as work proceeded on the new sewage scheme in the Added area. This scheme provides for the abolition of 71 cesspools and should be completed in 1956 to make yet another great contribution towards healthier surroundings.

**Septic Tank Units**—No additional units were constructed during 1955 but several of them were found to require reconstruction and were accordingly dealt with.

**Privies and Middens**—1955 saw the abolition of a further four privies and two middens, leaving only 21(25) privies and 19(21) middens out of a total of 352 privy middens which existed only eight years ago. I regret that it seems impossible to achieve total abolition of these deplorable closets since the ones remaining serve several isolated farmhouses and a cluster of very old dwellings in a small hamlet at Haigh where no sewer is available.

**Pail Closets**—It was not possible to secure the abolition of any pail closets during 1955 but whenever the opportunity arises I shall continue to encourage the replacement of these with waterclosets.

**Water Supplies**—Only four dwellings throughout the whole area are not served with mains water. Regular samples were taken of the spring water which serves these cottages and apart from occasional traces of pollution no real cause for anxiety arose during 1955. Special apparatus installed two years ago to chlorinate the water supplies of the three dwellings at Haigh had to receive special attention from time to time but on the whole it performed its duties satisfactorily.

**Dwellings with bath installed**—It is obvious to all who are concerned in public health matters that every dwellinghouse should possess a room in which a bath is installed. It will be many years before this is achieved but it may be of interest in the years to come for someone to look back on this Report and find that of the 4,429 dwellings in the Darton area at the end of 1955 only 2,129 (or 48%) possessed an installed bath. Our records show that this was 148 more than last year and is mainly accounted for by the 131 newly-built houses and the assistance given to owners by the Improvement Grants under the Housing Acts encouraging them to install baths in existing dwellings.



## SECTION 2

### HOUSING AND SLUM CLEARANCE

This section informs you of the numbers and types of dwellings in the area and the ratio of Council-owned houses to those owned privately. It gives details of the results of work done with regard to Slum Clearance and gives a brief indication of the proposed further efforts of the Council in this direction.

#### Dwellinghouses—general

In order to indicate to you the numbers and various types of dwellinghouses throughout the area I have listed them as follows :—

No. of Council-owned dwellinghouses	.....	.....	1146
No. of privately owned dwellinghouses	.....	.....	3147
No. of House-shops	.....	.....	78
No. of Farmhouses	.....	.....	33
No. of Dwellings at Public Houses and Clubs	.....		25

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Total no. of dwellings in the area	4429
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With an estimated population of 14,500 this gives an average of approximately 3.2 persons per dwelling. It is interesting to note that 67 new houses were built by private enterprise during 1955.

#### Council-owned Houses

With the building of 64 new houses in 1955 the Council now owns 25.9 per cent of all dwellings throughout the area.

#### Slum Clearance

Before reporting upon the action taken during 1955 with regard to Slum Clearance it is necessary to give details of the work done in previous years because the results of this had to be used as a basis for the compilation of the official Slum Clearance programme demanded by the Government.

Actually the Council had been pursuing a slum clearance programme of its own since 1948. Owners of many worn-out properties had given voluntary undertakings that if their houses became vacant they would not be re-let for human habitation and in return the Council had co-operated by re-housing as many as possible of the tenants affected. Since 1948 the Council had received demolition undertakings relative to 153 houses and by the beginning of 1955 49 of these had indeed become vacant and some of them actually demolished. The remaining 104 thus formed the nucleus of the new programme.

The special survey of old houses which had commenced in 1954 continued in 1955, and by August it was possible to propose

to the Minister of Housing and Local Government that, in all, there were 394 houses suitable for slum action which the Council would attempt to deal with in the next 10 to 15 years.

In the meantime, in addition to the efforts towards the demolition of the very bad houses, the Council also encouraged owners of sub-standard houses to take advantage of the Improvement Grants under the Housing Act, 1949, and render their houses fit. Several owners came forward, one in particular who proposed to convert his ten back-to-back houses into five through houses, all having modern amenities. Every assistance was given in these instances even to the extent of the Council re-housing some of the tenants so that the work could be more speedily effected.

It is worthy of mention that whilst the new programme was being prepared the Council continued to do all possible for tenants of slum property and out of 64 newly erected Cornish Unit houses at Barugh Green 20 were specially allocated for slum clearance purposes. In addition, one-seventh of the re-lets of existing Council houses was allocated to tenants of slum property and as a yet further contribution towards slum clearance some of the ordinary allocations of Council houses also happily fell to slum tenants. By the end of 1955 it was calculated that the Council's efforts towards slum clearance together with the co-operation of owners of such property had, since 1948, resulted in the vacation of 71 houses, 33 of which had actually been demolished, twenty back-to-back houses had been made through and work was well in progress on the conversion of the ten other back-to-back houses previously mentioned.

When, towards the end of the year, new Government subsidies were announced favouring the erection by local authorities of more houses than ever for slum clearance purposes the Council adopted a still more definite approach towards the abolition of slums. A new housing estate in Staincross was contemplated for 1956 and it was decided that action be commenced at once with the object of declaring Clearance Areas affecting the following properties, so that two-thirds of the houses on the new estate could be allocated to slum dwellers:—

20 houses in the New Road, Staincross area.

59 houses in the Wentworth Road, Mapplewell area.

21 houses in Swallow Hill Road; and

8 houses in Dearne Hall Road, Low Barugh.

It will be noticed that the majority of the houses listed were in the Mapplewell and Staincross area, the reason being that this area contained by far the most slum property and therefore it was the Council's policy to give priority to slum clearance in that locality.

1955 therefore ended with the feeling in relation to matters of slum clearance that good progress had been made in the past and that very definite moves had been made to secure good progress in the future.

### SECTION 3

## INSPECTION AND SUPERVISION OF FOOD SUPPLIES

This section gives details of the township's meat, milk and other food supplies. It shows the valuable contribution towards the safeguarding of public health by the careful inspections of meat for the detection of disease, the sampling of milk and ice-cream for safety and purity, and the regular inspections for cleanliness of all the premises where food is manufactured, stored or sold.

### Meat Supplies

By far the majority of meat sold from the nineteen established butchers' shops in the area and the several hawkers' vans which came into the district was home killed. None of the shops dealt in imported beef and pork but several did occasionally sell imported mutton and lamb.

Of the home killed meat I assess that about half of it was derived from animals slaughtered within the urban district of Darton and all of that was inspected by your inspectors either at the time of slaughter or within a very few hours afterwards.

Table 1 shows in more detail the different kinds of food animals slaughtered in the Darton urban area together with the weights of meat and offal found to be unfit for human consumption and destroyed.

TABLE 1

Inspections			Condemnations	
			Meat (lbs.)	Offal (lbs.)
Animals Slaughtered				
Bullocks	.....	193	270	596
Heifers	.....	256	389	937
Cows	.....	123	776	929
Calves	.....	25	—	2
Sheep	.....	641	20	29
Pigs	.....	590	132	319
Totals	.....	1,828 animals	1,587-lbs.	2,812-lbs.



Table 2 is inserted at the request of the Ministry of Health and indicates the percentages of those animals affected with tuberculosis, cysticercus bovis and other diseases in relation to all animals slaughtered within the district.

**TABLE 2**

	Cattle (excluding Cows)	Cows	Calves	Sheep and Lambs	Pigs
Number killed ... ..	449	123	25	641	500
Number inspected ... ..	449	123	25	641	590
<b>ALL DISEASES EXCEPT TUBERCULOSIS</b>					
Whole carcasses condemned	—	1	—	—	—
Carcasses of which some part or organ was condemned	85	21	—	17	130
Percentage of the number inspected affected with disease other than Tuber- culosis	18.93	17.88	—	2.65	23.55
<b>TUBERCULOSIS ONLY</b>					
Whole carcasses condemned	—	—	—	—	1
Carcasses of which some part or organ was condemned	64	21	—	—	2
Percentage of the number inspected affected with Tuberculosis	14.25	17.07	—	—	0.33
<b>CYSTICERCOSIS</b>					
Carcasses of which some part or organ was condemned	4	1	—	—	—

### Milk Supplies

All milk sold by retail in the district must be Designated milk in accordance with the Milk (Special Designations) Regulations. With one exception none of the 21 milk producing farms in the district now retails direct to the public. The one exception is that of Mr. S. Horsfield of Swithen who produces, bottles, and retails Tuberculin Tested Milk in the Haigh locality. The largest suppliers of milk to the district are the Barnsley British Co-operative Society and the Express Dairies (Northern) Ltd. who retail Pasteurised, Tuberculin Tested, Tuberculin Tested (Pasteurised) and Sterilised milks. In all there were 21 distributors of milk on the Council's register at the end of 1955, 14 of whom retailed Sterilised milk from general food shops. Details of licences renewed under the Milk (Special Designations) Regulations are as follows:

**TABLE 3**

Designation	Dealer's Licences	Supplementary Licences
Pasteurised	5	2
Tuberculin Tested	5	2
Sterilised	16	1



As a contribution towards the safeguarding of public health 36 samples of designated milk as sold by the above retailers were obtained during the year to ascertain whether or not clean and efficient methods had been practised in production. Details of these showing the results obtained as reported upon by the Public Health Laboratory are as follows :

**TABLE 4**

Designation	No. of samples taken	Results of Samples	
		Satisfactory	Unsatisfactory
Pasteurised	10	10	—
Tuberculin Tested (Certified)	9	7	2
Tuberculin Tested (Pasteurised)	9	9	—
Sterilised	8	8	—
	—	—	—
Totals	36	34	2
	—	—	—

As mentioned previously there are 21 milk producing farms in the area. Although the majority of the milk is despatched in bulk to large milk depots to undergo heat treatment before sale to the public I always feel justified in taking samples from time to time of the raw milk produced at farms within the area. This sampling has proved its value on three occasions during the past few years and has been instrumental in the detection of cows which were found to be giving tuberculous milk. In 1955 21 such samples were submitted to the Laboratory for biological examination and once again my efforts were justified when two of the samples were reported to contain the dreaded tubercle bacilli. Immediate steps were taken to find the infected cows and when discovered they were slaughtered at once to prevent further tuberculous milk from reaching the public. How much safer our children would be if tuberculosis could finally be eradicated from every herd of milk cows throughout the country. Until this is achieved we in Darton feel that at least we played our part during 1955.

### Ice-Cream

There are no ice-cream manufactories in the Darton urban district but 29 premises are registered for the sale and storage of this product and all sell the wrapped, pre-packed commodity. 13 samples were taken during 1955 and submitted to the Public Health Laboratory for reports as to their purity. All samples proved to be satisfactory, twelve being placed in Provisional Grade 1 and the other in Grade 2. It is worth mentioning that out of 315 samples taken during the last six years only six have been placed in a grade which was considered unsatisfactory.

## Other Foods

Some of the most careful decisions which we have to make from time to time are whether or not food in tins, in jars or loose is fit for human consumption. Our help is often sought by shopkeepers who sometimes find themselves in doubt with regard to the soundness of their commodities and prefer an expert opinion on them before offering them for sale to the public. During 1955 the following foodstuffs in the above category were declared to be unfit for human consumption and voluntarily surrendered for destruction:—

Canned Foods	.....	225 $\frac{1}{4}$ -lbs.
Food in Jars	.....	51 $\frac{1}{4}$ -lbs.
Miscellaneous Foods	.....	281 $\frac{3}{4}$ -lbs.
Total		<hr/> 558 $\frac{1}{4}$ -lbs. <hr/>

## Food Premises and Food Hygiene

A fairly satisfactory standard of hygiene has been maintained in the various food premises throughout the district but there is certainly room for improvement in many of them. Three years ago it looked as if the adoption of the new bye-laws relating to the handling, wrapping and delivery of food would demand from food handlers nothing but the most perfect methods of hygiene where food is concerned. Apparently this was not so. Some of our shopkeepers still display foodstuffs in their windows absolutely unprotected from dust, dirt and flies, yet the law fails to give the necessary support for a Council to prohibit the practice. For years now it has been my opinion that this is a serious omission in our food legislation and that all foods which do not require to undergo a process of cooking before being eaten should not be allowed to be sold unless hygienically pre-packed at the place of manufacture, or really suitably protected against contamination when exposed for sale. How much longer must we wait for the necessary legislation to be introduced to make it an offence for shopkeepers to sell foods which have been exposed openly on counters or in shop windows at the mercy of flies and coated with the dust and dirt which has been introduced into the air every time the shop door is opened? I feel sure that many mild cases of food poisoning in the guise of vomiting, diarrhoea and other stomach disorders must have occurred through this omission yet it would appear that nothing will be done until there is a serious outbreak, attended unfortunately by the deaths of some poor innocents.

The housewife though could play an important part in raising the clean food standards. All she has to do when making her purchases is to get into the habit of buying only the un-wrapped food which can be washed, or which has to be cooked before being eaten, and if she is on the look-out for a certain

commodity which cannot possibly be pre packed before sale then she should make sure it has been as well protected as possible from dust, dirt and flies before she buys it.

If she is not sure with regard to a certain shop then I hope she will pass on and make her purchases from one which obviously practices better methods of hygiene in relation to its products. It would not be long before the first shop competed with the second also in matters relating to clean food.

To return to my report on the food premises in the Darton area, the following table shows the numbers of the various types of food premises and the numbers of visits and inspections made to same in 1955.

**TABLE 5**

Numbers and type of premises	No. of visits and inspections made
11 premises where sausages, potted meat etc. are made .....	29
19 butchers' shops .....	122
82 general food shops .....	86
29 shops selling ice-cream .....	16
16 cafes, canteens etc. ....	26
12 bakehouses .....	33
15 fried fish shops .....	62
10 slaughterhouses .....	760

## **SECTION 4**

### **PUBLIC CLEANSING**

This section gives details relative to all aspects of this important service. It places on record the conditions which operated in 1955 and the methods we used in our attempts to give the best possible results. It gives details of the street sweeping service and of income derived from sales of salvage.

#### **Staff**

The cleasing staff consisted of a foreman and seventeen men. During holidays and periods of sickness additional staff had to be engaged.

Ten men forming two teams were engaged full-time on the emptying of dustbins. Two men formed a cesspool emptying team, one man was employed on the refuse tips, one man swept the streets and three men had a variety of duties to perform such as emptying middens, collecting salvage, baling waste paper, rodent control, etc.

Owing to the increased number of new houses built in the district it became necessary to form a third bin team one day per week to cope with the correspondingly increased number of dustbins. This work was absorbed into duties of the existing



staff so that it was not necessary to employ extra men during 1955.

Intermittant changes of staff occurred during 1955 when five men voluntarily terminated their employment with the Council and five new men were engaged.

Each man is usually provided with two pairs of overalls per year as protective clothing but in 1955 several of the men were allowed an issue of a pair of gumboots instead of one of the pairs of overalls.

## **Vehicles**

The Council own three seven-cubic-yard refuse collecting vehicles of the same design and an 800 gallon cesspool emptying vehicle. All were maintained in good condition and serviced by our own mechanic who drove one of the vehicles on normal duties when not engaged in carrying out repairs.

## **Depots**

The main depot is at Barugh where the vehicles are garaged, where part of the stores are kept and where the foreman's house is situate. At Darton Main depot we have the staff messroom, the paper baling shed and the foreman's office and store.

## **Refuse Tips**

Controlled tipping of refuse was practised on three refuse tips during 1955. The refuse collected from the Darton, Kexborough and Haigh localities was disposed of on Darton Main refuse tip, that from Staincross and Mapplewell was tipped at Blacker tip and the refuse from Gawber, Barugh and Higham was disposed of on tipping space placed at our disposal by the Higham Welfare Cricket and Athletic Club to contribute towards the laying of a new football pitch.

## **Frequency of Collections**

Except for occasional holiday times when interruptions were bound to occur the bin teams maintained a weekly collection of the contents of dustbins and pail closets. Cesspools were emptied monthly and the few remaining privy-middens were cleaned out every fourth week.

## **Hours worked**

The staff worked a 44 hour five day week throughout the year. The total hours worked by the seventeen members of the staff totalled  $35,866\frac{3}{4}$  but a total of  $4,341\frac{1}{2}$  hours was lost from the following causes :—

Annual holidays	.....	2,318	hours
Sickness	.....	1,775	hours
Absent with permission	.....	61½	hours
Absent without permission	.....	187	hours
Total hours lost		4,341½	



The figures for absenteeism are much better than last year but when it is realised that the loss of over 4,000 working hours is nearly equal to two men off work every week of the year it is a wonder that the public cleansing service has functioned so well during 1955.

## Cost Details

The total of wages paid out in 1955 (including those of the foreman) was £7,340/5/5d, an increase of £519/10/-d. over 1954 which is accounted for by increased wage awards.

## Street Sweeping

The department was responsible for the sweeping of the seventy-seven streets and roads (excluding County roads) throughout the district and this work was, in the main, performed by one man who unfortunately had to retire in November. In addition to street sweeping his duties included the cleaning out of street gullies, of which there are over 450, as many times as possible throughout the year.

Street sweeping and gully emptying are an important contribution to environmental public health and ever since my department took over these duties I have never been satisfied that the full contribution was being made. Improved services however mean increased costs so I must be certain that when a scheme for the improvement of the street sweeping service is submitted to the Council the service will have to fully justify the cost involved. At least I am pleased that I already have the authority of the Health Committee to prepare a suitable scheme during 1956.

## Salvage Details

The total income from the sale of salvaged materials during 1955 was £1,283/17/3d — an increase of £423/2/5d over 1954.

Details of materials salvaged are as follows :—

	£	s.	d.
102 tons 2 $\frac{3}{4}$ cwts. Mixed Paper .....	841	18	9
42 tons 12 $\frac{3}{4}$ cwts. Cardboard .....	398	19	3
1 ton 6 $\frac{3}{4}$ cwts. Rags .....	32	16	3
1,476 Bottles .....	6	3	0
1 ton 15 cwts. Metal .....	4	0	0
Total	£1,283	17	3

From this total £470/6/2d was paid to members of the Cleansing Staff in accordance with the Salvage Bonus Scheme.

## SECTION 5

### MISCELLANEOUS ITEMS FOR REPORT

In addition to those duties which have warranted the preparation of special sections there are many other duties to perform of a miscellaneous yet still important character and these are reported upon in this, the final section. At the end of the section is a summary showing the total number of visits and inspections made by Mr. Sutton and myself throughout 1955 with relation to all our duties.

#### **Factories**

92 visits were made to the 35 factories, mainly with regard to lavatory accommodation and welfare of employees. Seventeen minor contraventions were found, fifteen of which were remedied before the end of the year. Close liason continues to be practised with H.M. Factories Inspector with regard to changes which take place from time to time affecting our respective registers.

#### **Cinemas**

Supervision of the patrons' toilets at the two cinemas in the district continued during 1955.

#### **Pet Animals**

One shop only is registered under the Pet Animals Act 1951 at which no contraventions were found during our inspections.

#### **Public Houses**

Visits were made to some of these premises for the purposes of making inspections as to the suitability and sufficiency of toilet accommodation and advocating hygienic practices with regard to drinking glasses.

#### **Agricultural Lime Scheme**

The department continued to operate a scheme whereby agricultural lime could be purchased at subsidised prices by gardeners and allotment holders within the area. During 1955 a total of 455 cwts. was sold—215 cwts. more than in 1954.

#### **Piggeries, Stables, etc.**

Visits and inspections were made from time to time and advice given to owners to ensure that such premises were maintained free from nuisance and not sited too near dwelling houses.

## **Meetings and Interviews**

Much of the time we spend during each year is taken up in attending to callers at the office. Most of these are people who wish to make a complaint or who want to ask our advice. I only hope we gave some small service to every one of them. Our figures show that on 270 occasions people were interviewed in the office, not to mention the great number of calls received over the telephone. Interviews with architects, building contractors, property owners, Ministry officials and, of course, commercial travellers all form part of our duties and take up our time. Rodent Control, Smoke Abatement and a variety of other meetings also have to be attended if we are to keep up to date in public health matters and put into operation new ideas and ever recurring new legislation.

## **Council House Applications**

An extra duty was undertaken during 1955 when the Council instructed that all applications received for council houses be checked. Mr. Sutton and myself made 345 visits to applicants who resided in non council-owned houses whilst the staff of the Housing Agent's department checked upon those already residing in council houses. The Council also directed that new applications for council houses were to be jointly investigated by the two departments who would thereby be acting in liaison with each other in matters of slum clearance, repairs and overcrowding.

## **Home conditions of persons suffering from Tuberculosis**

For several years now the Medical Officer of Health has enlisted our aid to perform a small but important service designed to assist those patients suffering from tuberculosis who are being nursed at home. It is operated as follows:— Upon receipt of the notification of a home case of tuberculosis the house is visited by my assistant or myself in order to prepare and submit a report to the Medical Officer of Health with regard to the housing conditions. In addition to the action which he takes as a result of our report we also note any nuisances which exist or any defects which require attention and we then call upon the owner to carry out any necessary repairs. We feel that in this way we are helping to make life that little bit more bearable for the unfortunate sufferers.

## Business Premises etc.

Mainly for statistical purposes the following is a recorded list of the various types of business premises in the area at the end of 1955:—

No. of Factories .....	35
No. of Lock-up shops .....	75
No. of Hotels or Public Houses .....	20
No. of Farms .....	33
No. of Chapels, Churches, etc. ....	21
No. of Schools .....	9
No. of Cinemas .....	2
No. of other Business Premises .....	44
No. of Dwellinghouse-shops .....	78

## Summary of Visits and Inspections during 1955

### Dwellings

Re general defects .....	907
Re drainage .....	489
Re ashes accommodation .....	108
Re closet accommodation .....	83
Re infectious diseases .....	85
Re filthy conditions .....	26
Re verminous conditions .....	18
Re water supplies .....	10
Re offensive accumulations .....	23
Re yard paving .....	50
Moveable dwellings .....	2
Visits with Housing Agent .....	5
Re Slum Clearance .....	423
Re Improvement Grants .....	34
Re rodent control .....	387
Checking Housing Lists .....	345
Sanitary Survey .....	47
Miscellaneous visits and inspections .....	38
	— 3,080

### Food Premises

Registered Food Preparing premises .....	29
Butchers' shops .....	122
General Food shops .....	86
Slaughterhouses .....	760
Re milk sampling .....	54
Re food condemnations .....	17
Ice-cream premises .....	16
Bakehouses .....	33
School Kitchens, Cafes, Canteens, etc. ....	26
Re ice-cream sampling .....	10
Fried Fish Shops .....	62
Miscellaneous visits and inspections .....	7

— 1,222



### Business Premises

Re toilets etc. at Factories .....	92	
Re smoke abatement .....	15	
Re toilets etc. at Public Houses .....	14	
Re rodent control .....	39	
Re toilets etc. at Cinemas .....	10	
Pet Shop .....	4	
Re Shops Acts .....	5	
Means of escape in case of fire .....	4	
Miscellaneous visits and inspections .....	32	
	<hr/>	215

### General

Re Cleansing and Salvage .....	324	
Interviews .....	270	
Rodent control in Sewers .....	295	
Piggeries, stables, etc. ....	11	
Meetings attended .....	41	
Miscellaneous visits and inspections .....	105	
	<hr/>	1,046
	Total	<hr/> 5,563 <hr/>

### Miscellaneous Details for Report

Houses disinfected after Infectious Disease .....	17
Drains tested .....	51
Samples of water taken from isolated farms	18
Houses disinfested to eradicate vermin .....	8
Smoke observations taken .....	4
Food samples taken after suspected food poisoning .....	1
Faeces samples taken relating to food poisoning .....	15
Ice-cream samples taken .....	13
Milk samples taken for detection of Tuberculosis .....	21
Designated milk samples taken .....	36





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